

MOTOR VEHICLE FIRE REPORT

FIRE DEPARTMENT	FDID NUMBER	FIRE DEPARTMENT INCIDENT NUMBER
LAW ENFORCEMENT AGENCY	ORI NUMBER	POLICE DEPARTMENT INCIDENT NUMBER

I HEREBY REPORT TO THE ABOVE NAMED FIRE / LAW ENFORCEMENT AUTHORITY THAT THE FOLLOWING MOTOR VEHICLE WAS BURNED

DATE	TIME	LOCATION (Street Address)	(City)	(Township)
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OWNER INFORMATION

OWNER'S NAME (Last, First, Middle)		STREET ADDRESS		
CITY	STATE	ZIP CODE	SOCIAL SECURITY NUMBER*	DATE OF BIRTH
TELEPHONE NUMBER ()	BUSINESS TELEPHONE NUMBER ()		DRIVERS LICENSE NUMBER	EXPIRATION DATE
OCCUPATION				

VEHICLE INFORMATION

VEHICLE MAKE		MODEL	YEAR	COLOR
VEHICLE IDENTIFICATION NUMBER (VIN)		REGISTRATION NUMBER	STATE	GENERAL CONDITION OF VEHICLE
CONDITION OF TIRES	TYPE OF TIRES	CONDITION OF ENGINE	CONDITION OF TRANSMISSION	
MILEAGE	OPTIONAL EQUIPMENT			
REPAIRS MADE IN LAST YEAR		WHERE WERE REPAIRS MADE		
HOW MANY SETS OF KEYS	WHERE AT TIME OF LOSS	WHERE ARE KEYS NOW		

INSURANCE / FINANCING INFORMATION

INSURANCE COMPANY	HOW LONG	COVERAGE <input type="checkbox"/> Fire <input type="checkbox"/> Theft <input type="checkbox"/> Collision	PREVIOUS INSURANCE COMPANY	
WHERE WAS INSURANCE PURCHASED		CITY	DATE	ANNUAL COST OF INSURANCE \$
LIENHOLDER	ADDRESS OF LIENHOLDER			
MONTHLY VEHICLE PAYMENT \$	DATE OF LAST PAYMENT	CURRENT BALANCE \$	(If claiming contents on homeowners insurance policy) NAME OF COMPANY	

VEHICLE SECURITY

WAS VEHICLE LOCKED <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY HIDDEN KEYS ON VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	ALARM SYSTEM (If YES, On or Off) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ON <input type="checkbox"/> OFF	WAS VEHICLE STOLEN <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THEFT REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO
STORE ANY FLAMMABLE LIQUIDS <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT	WHERE	CONTENTS	
ADDRESS WHERE STOLEN FROM	CITY/TOWN	STATE	ZIP CODE	DATE
				TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
REASON VEHICLE PARKED AT ABOVE LOCATION _____				

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PASSENGER INFORMATION

WAS ANYONE WITH YOU AT THE TIME PERSON #1 NAME			STREET ADDRESS
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()
PERSON #2 NAME			STREET ADDRESS
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()

INCIDENT DETAILS

WHEN WAS VEHICLE LAST SEEN	DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	BY WHOM	
WHEN DID YOU DISCOVER VEHICLE BURNED / MISSING	DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	ACTION TAKEN WHEN VEHICLE WAS DISCOVERED MISSING	
HAVE YOU BEEN NOTIFIED THAT VEHICLE IS RECOVERED	WHO NOTIFIED YOU		HOW	WHEN
HAVE YOU HAD ANY PREVIOUS INSURANCE CLAIMS FOR THIS OR ANY OTHER VEHICLE WITHIN THE PAST FIVE (5) YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO				
WHEN	TYPE OF CLAIM		INSURANCE COMPANY	

SIGNATURE

I hereby affirm that the information I have provided herein is truthful and correct.	
TO BE SIGNED BY INSURED OF RECORD	DATE

*THIS INFORMATION IS CONFIDENTIAL.
CONFIDENTIAL INFORMATION IS PROTECTED
BY THE FEDERAL PRIVACY ACT.

AUTHORITY: 2000 P.A. 413
COMPLETION: Voluntary